

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.



Suzanne Bierman, JD, MPH
Administrator

MRAC MEETING MINUTES

Date and Time of Meeting: Thursday, September 29, 2022
Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)
Place Meeting: Microsoft Teams

MRAC Voting Member Attendance	
Member Name	Present
Margaret LeBlanc, Chairperson	X
Suzanne Bierman	X
Timothy Burch	X
Serafin Calvo-Arreola	ABS
Hayley Jarolimek	X
Fuilala Riley	X
Kathi Thomas	ABS
Robert Thompson	X
Erika Washington	X
Non-Voting Member Attendance	
Frank Deal	X

Teleconference and/or Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

- | | |
|---------------------------|-------------------------|
| Abigail Bailey, DHCFP | Kimberly Adams, DHCFP |
| Angelica Velazquez | Kirsten Coulombe, DHCFP |
| Anjali Hale, HPN | Laurie Curfman |
| Brian Evans | Lea Case |
| Casey Walker | Linda Anderson |
| Cynthia Alejandre | Lisa Bogard |
| Dagny Stapleton | Lisa Jolly, HPN |
| Devan Seawright, HPN | Margaret LeBlanc |
| Donna Laffey | Michael Schramm, HPN |
| Erika Washington | Mike Wilden |
| Frank Deal | Nancy Bowen |
| Frederick Gibison | Pierron Tackes, DAG |
| Fuilala Riley | Robert Thompson, DWSS |
| Hayley Jarolimek | Sandie Ruybalid, DHCFP |
| Jacqueline Hernandez, MHC | Seth Wray, HPN |
| Jill Marano | Stacie Weeks, DHCFP |
| Jocelyn Bluitt-Fisher | Suzanne Bierman, DHCFP |

I. Call to Order

LeShawn Parra, Administrative Assistant IV, DHCFP, called the meeting to order at 1:02 pm.

II. Roll Call

Roll call was performed by Ms. Parra. A quorum was established at 1:04 pm.

III. For Possible Action: Review and approve meeting minutes from the previous meeting held on June 30, 2022.

Chairwoman LeBlanc called for a motion to approve the June 30, 2022, MRAC meeting minutes. Department of Health Care Financing and Policy Administrator Suzanne Bierman noted one revision on page four to change “travel” to “tribal”. Administrator Bierman motioned to approve the minutes with the revision made. Timothy Burch provided a second. Motion passed unanimously.

IV. Report on initiatives of local governments in the county to address homelessness, housing, and social determinants of health to DHCFP and MCOs.

Dagny Stapleton, Clark County, and Karen Schneider, Manager of Clark County Community Resources Management presented the PowerPoint to address homelessness, housing, and social determinants of health. PowerPoint provided to all members.

Ms. Stapleton stated there is a shortage of over 80,000 units of permanently available and affordable rental housing for low-income people. Clark County Commission allocated 160 million dollars towards affordable housing initiatives. Funds went to 31 projects to help increase and maintain the supply of permanent affordable rental housing for those individuals who make 30 to 80 percent of people with Area Median Income (AMI).

Hayley Jarolimek, Neighborhood Services Manager presented the PowerPoint to address homelessness, housing, and social determinants of health. PowerPoint provided to all members.

Ms. Jarolimek stated Henderson Homeless Response Team started last October using COVID grant funds and looking at expanding and continuing using multiple grant sources to meet all the different needs. Partnership with Help of Southern Nevada and Hopelink who provides outreach services and emergency lodging and rapid rehousing services which includes up to 24 months of case management. Due to the shortage in housing units and a lack of funding, the Henderson Homeless Response Team have not been able to transition people out of emergency lodging into rapid rehousing and permanent supportive housing which has been a struggle.

Jocelyn Bluitt-Fisher, Department of Neighborhood Services for the City of Las Vegas, stated the following:

The Courtyard Homeless Resource Center is open 24/7 to allow individuals safe respite from the street and a safe reliable place to access resources. When the Courtyard opened the doors in 2017, the hours were limited to 6:00 am – 6:00 pm. The Courtyard quickly realized additional hours were needed to allow people a safe place to sleep overnight. Hours were extended to 24/7. The facility is low barrier and focuses on harm reduction. The Courtyard staff are aware many of the guests have addictions and staff are prepared to assist in calling 911 if there is a medical crisis at the facility. The guests are safe

and will not be victimized on the streets. When people come to the Courtyard, they can choose to engage in services and receive assistance in navigating homelessness or they can take advantage of respite off the streets. The Courtyard does not have metal detectors or breathalyzers; however, there is armed security onsite to ensure safety of all. There are ADA accessible public restrooms. There are showers and additional showers will be added as phase 2 of construction is completed. The facility has a hot box on campus for guest that arrive with parasites. The Courtyard has a storage program for those that leave their belongings. The facility will store them indefinitely if the person checks in with the Courtyard weekly. If the person does not check in, then the Courtyard will store for 30 days and then dispose of the items. Pets are welcome at the Courtyard, and Urban Underdogs assist with providing pet kennels, cages, supplies, and food. The Courtyard provides case management and navigation services on site provided through contract with Non-Profit Chicanos Por La Causa (CPLC). CPLC engages with the guests to identify their needs, enroll the person(s) with HMIS, assist with housing assessments, and connect the guest with the necessary resources to navigate through homelessness. The Division of Welfare and Social Services (DWSS) is there to assist with Medicaid/SNAP/TANF applications. Social Security advocates are on campus to assist with SSI and SSDI applications. All the Managed Care Organizations (MCOs) have representatives on campus weekly to assist in accessing the benefits through the health plans. There is a location for guests to receive mail, charging stations, computers, phones for use, and a medication storage program. Many guests can use the computers to access friends/family in other cities. If there is someone willing to take responsibility for the person and provide shelter, and the Courtyard can verify the information, the Courtyard will purchase a bus ticket to reunite the person with friends/family to end homelessness. In phase 2, the Courtyard will have additional showers, restrooms, laundry facilities, a larger more permanent pet kennel with a dog run space, and expansion of the parking lot. The Courtyard has the Arrow shuttle that runs seven days a week, east loop and west loop. The shuttle does a continuous loop to various social services providers. Guests are able to ride the shuttle for free. The shuttle is maned by a navigator that helps to identify where the guest needs to go and ensures the guest gets off and on at the correct locations. In the last fiscal year, 6,917 guests took advantage of the Arrow Shuttle; 5,278 individuals accessed services at the Courtyard. As part of the Courtyard services, there is a street medicine program. The program consists of a primary care clinic staffed by Hope Christian Healthcare, a local FQHC, and the Courtyard's medical outreach team. The outreach team engages with the guests at the Courtyard, visits community partners, follows the teams' into encampments to identify individuals needing medical services, provide the assessment, and assist in getting the guest back to the Courtyard to receive the necessary medical care. The program is designed to one reduce some of the 911 calls happening in the quarter of hope area as it is one of the busiest areas in the cities. The Courtyard also provides a Recuperative Care Center. This is a medical respite for persons experiencing homelessness. Instead of being discharged to the streets after receiving medical care in the hospital, the Courtyard works with hospitals to have the person discharged to the Courtyard's 38-bed facility where the person can remain under the care of our 24/7 medical staff. Medical staff includes a Medical Director, RN's, CNAs, and additional medical services to assist the person in their recovery. While the guests are healing, the Courtyard provides intensive case management so when the person is medically cleared, they can be discharged to appropriate housing. Last year 242 individuals were served at the Recuperative Care Center with 56% going to appropriate housing. For medical services, the city has a goal of developing ten (10) FQHC clinics over the next six years. The first opened at Wardell Smart Start Academy and the second is under construction on Main Street and Foremaster, which will have a focus of providing healthcare to the indigent and low-income neighborhood in the area. The Courtyard has homeless outreach teams which are a multi-agency outreach resource engagement team. All the teams have representatives from Salvation Army, West Care, LVMPD officers or City of Las Vegas Marshals. The goal is to engage homeless individuals and encourage them to enter services, so the individual is not living in conditions that are not safe for them and/or the general community. The city also has apartment units under master lease through the flexible housing program. There are units with the Women's Development Center, with the Veteran's Village, and Skyline Apartments. This program serves as transitional housing for individuals but does not have the limitations with HUD funding as it is being paid from the general fund. If a person needs longer than two years to get stabilized, they can stay until they are ready to move forward. The Courtyard has

individuals who are identified by the outreach teams or arrive at the Courtyard who are not shelter appropriate. The Courtyard can put them in the Siegel Suites, so the individual has safe shelter. The City of Las Vegas also offers prevention services. The Courtyard has two outreach teams, that will engage with individuals currently housed, but facing eviction or the housing is unstable due to no longer being able to afford rent. The teams will work with individuals to assist them in relocation or assist in paying the difference owed for rent, so the individual can remain housed. The city also has crisis response teams which is a partnership with the fire department, where Licensed Clinical Social Workers ride with EMT and respond to 911 calls or community referrals dealing with individuals who are not necessarily homeless but could become homeless and are dealing with a mental health crisis

V. Public Comment

Chairwoman LeBlanc opened the discussion for public comment in all venues. Frank Deal provided public comment directed to Ms. Bluitt-Fisher: I actually was one of the community based partners that was there, on a once weekly basis for many months and the day center that is staffed by CPLC, where folks go in to meet with a case worker to get their HMIS going and to be connected with services, critical aspect of the courtyard itself and there is a bad natural pinch point I wanted to bring to your attention where there were many days where I would come in and somebody would be sitting there and I was there for four hours and they would still be sitting there when I left. There were very very long lines, the doors were always locked because only a certain amount of people can be brought in at one time and seen based on the account of the amount of case workers and case managers that were there. Wondering if there is anyway, through the phases of construction, the flow pattern maybe would change and more people would be seen but, I could tell you as someone who literally sat outside and watched it, there is a lot of people that are trying to get in there to get services and they just can't get in there. I've seen people stand in line for many hours and never made it to the door to get it. I am curious as if there are any plans for change or how that can be addressed.

Ms. Bluitt-Fisher responded: Yes, we are aware of the limitations of the day center and the demand on staff. We had not anticipated when we opened that the demand for navigation services and case management services would be as great as they are. We are working with CPLC to develop more systems, hire more staff so that we can provide additional services. Secondly, when phase one was designed the buildings that we're in now were not built for what they are being used for because our administration building is still under construction and will come online as apart of these two. When the administration building is open it will have a larger waiting area, more room and area for our case managers and navigators to engage with clients and guests. Right now, we just have cubicles inside of the day center, trying to make the most use of the buildings we have now. When we started construction, we made a commitment to HUD that we would have zero interruptions in services and so we are trying to stick with that commitment.

Mr. Deal thanked Ms. Bluitt-Fisher and appreciated the feedback.

Nancy Bowen, CEO of the Nevada Primary Care Association, provided public comment: We represent the Federally Qualified Health Centers. In 2021, the health centers provided integrated primary behavioral health and dental health care to 112,000 Nevadans and more than 50 clinic sites statewide. 91% of those patients had incomes of 200% of the federal poverty level, 40% approximately 45,000 individuals were Medicaid enrollees, 70% were racial or ethnic minorities, and 27% were best served in a language other than English. We would like to make a suggestion on how to use the community reinvestment dollars and that would be to utilize to financially support the primary care association and our health centers with improved health technology. Specifically, the purchasing of population health software that will improve patient health outcomes, a population health management tool provides secure, robust and scalable health information infrastructure that supports community health's achievement of the quadrable aim. It improves both quality of care and patient provider experience all while lowering cost. Critical components of this software include improving the usage of EHR's or electronic health records systems, reaching incentive

program requirements such as the paper performance and getting to value based contracting and it helps with maintaining patients that are medical home recognition.

VI. Discussion and possible action on future agenda items

- Deputy Administrator Weeks through Chair LeBlanc noted the next meeting is in December. One of the last meetings prior to putting together the report for Legislature. One item to consider is how does this committee want to make recommendations. Possibly by ranking and having everyone help rank the ideas for the report by priority.
- Administrator Bierman noted the report needs to be completed by December and DHCFP is interested in the thoughts and alternate approaches.
- Tim agrees with the ranking system. The items are important and will give the potential legislators an opportunity to look further down the line to align with possibilities to present. The complete ranked list allows the opportunity to align with funding as they come available.
- Deputy Administrator Weeks verified this report will go to the Legislature, but it provides recommendations to the Division as well as the MCOs on the use of funding.
- Chair LeBlanc asked if we should propose a vote.
- Deputy Administrator Weeks noted the need for public comment first.
- Deputy Attorney General (DAG) Pierron Tackes noted a vote can be taken for what will be included in on the next agenda. It is not required if you are discussing the agenda. It is within the discretion of the Chair to add the items. If a vote is taken, the DAG advised to take public comment.
- Deputy Administrator Weeks thanked DAG Pierron Tackes and asked Chair LeBlanc if she would like to include for the next meeting. All feedback that has been received thus far and anything the committee submits in the next weeks/months to the Division will be categorized by topics for review and discussion to rank and prioritize the items will be on the next agenda.
- Chair LeBlanc concurred and added for the next agenda.

VII. Adjournment

Chair LeBlanc adjourned the meeting at 2:13 pm.